

98

File Reid Supply

ROUTING AND TRANSMITTAL SLIP

Date

10-15-84

TO: (Name, office symbol, room number,
building, Agency/Post)

Initials

Date

1. John Gietz, Chief

2. Haz. Waste Mgmt. Section

3. KDHE

4.

5.

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

Re: Reid Supply

Notice of Cancellation of
Ins. Please follow-up.DO NOT use this form as a RECORD of approvals, concurrences, disposals,
clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

Room No.—Bldg.

Karen Flournoy

Phone No.

6041-102

☆ GPO : 1983 O - 381-529 (317)

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

RCRA



551102



NOTICE OF CANCELLATION
OR NONRENEWAL

- Karen Midge*
- ☒ The Aetna Casualty and Surety Company
☐ The Standard Fire Insurance Company
☐

Date

10-2-84
5910

NAMED INSURED

Reid Supply Company
911 E. Indianapolis
P.O. Box 11365
Wichita, Kansas 67202

TRUSTEE, LOSS PAYEE,
MORTGAGEE OR LIENHOLDER

EPA Region 7 Director
324 E. 11th
K.C. MO.

The following is applicable only if marked ☒

Ex. 4

- ☒ This is to notify you that policy number [REDACTED], issued to you by the above named Company, is cancelled at 12:01 A.M. standard time on 10-2-84, 1984.
- ☐ The reason for this cancellation is nonpayment of premium. If payment in full of the amount of the premium due is received by the Company, or by an Agent or Broker authorized to receive such payment, within 10 days after receipt of this notice by you, this notice will be void.

☐ This is to notify you that policy number [REDACTED], issued by the above named Company, terminates on [REDACTED], 19 [REDACTED], and will not be renewed, as regards your interest.